

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, JUNE 11, 1868.

[VOL. I.—No. 19.]

Original Communications.

CASES.*

By HENRY A. MARTIN, M.D., of Roxbury.

CASE I.—*Embolism, resulting in Gangrene of the left Lower Extremity.*—The patient was a lady, aged 68, who had, for a great many years, been subject to violent headaches, and, for about three years before death, to attacks of indefinable but very severe abdominal distress, together with cardiac symptoms, so marked as to induce a suspicion of organic disease of the heart; but auscultation did not confirm this suspicion, nor was any trace of such disease revealed at the autopsy. About three months before her death, she was attacked with a very intense pain in the region of the left kidney and near the spine; and this pain, as well as the cardiac and abdominal symptoms, before referred to, I am inclined to ascribe to the progress of disease resulting in closure of the celiac artery and disease of the splenic artery, the consequences of which were found in three aneurisms of that vessel and in almost complete atrophy of the spleen. In the course of a week this had subsided; but the large amount of opium and chloroform that was required to relieve it caused a great deal of nausea and vomiting, which lasted for some time, and, indeed, never entirely left her. Two months before her death, she began to have pain and numbness in the left lower extremity; the pain being mostly below the knee, and gradually increasing till it became very intense. Three weeks before death the left foot became gangrenous, and at the same time, or very soon after, the *outer* half of the leg; these parts at last sphacelated. The inner part of the limb never became gangrenous, although it was infiltra-

ted by the fluids resulting from gangrene. The diagnosis, from the first appearance of discoloration on the foot, was that the case was one of embolism, that plugging of the arteries had occurred, so as, at last, to entirely close the anterior tibial and peroneal arteries, while sufficient blood passed along the posterior tibial to prevent gangrene of the parts solely dependent upon that vessel for nourishment. The appearance of the limb, before death, justified this hypothesis, and the autopsy fully confirmed it.

A line of demarcation having formed about three inches below the knee, I consulted with Dr. Gilman Kimball, of Lowell, as to the propriety of amputation, and the result was in favor thereof. A decision was, however, reserved for the following day, when a consultation was again held; but a distinguished member of the profession, who had been summoned, being absent, and an ash-colored spot having appeared, since the day before, just above the knee on the inner side (corresponding exactly to the portion of skin solely nourished by the superior internal articular and recurrent tibial arteries), it was decided to wait till the following day and a fuller consultation. On that day I held a consultation with Drs. Josiah and George A. Crosby, of Manchester, N. H., and Dr. Gilman Kimball, of Lowell; and, in view of the patient's intense desire to have the limb removed, amputation was considered proper, with a full understanding that the case was hopeless, and that the operation would be performed because the patient persistently requested it, and because relief from pain might be hoped for, and a burdensome and offensive part would be removed. I accordingly amputated the thigh at the junction of the upper and middle thirds. The femoral was found plugged entirely, while the branches of the profunda spouted freely. As results of the operation, pain was very much relieved, the patient was rendered in every way more comfortable, appetite and sleep returned, pulse came down from 116 to 96, and her condition, in all respects, was so much better that her family could not help feeling a hope of recovery, in which, de-

[WHOLE No. 2102.]

* These cases were not written for publication, but as memoranda, to be used in the preparation of the Catalogue of the College Museum, where the specimens are preserved. Prof. Jackson considered the cases to be quite interesting, and at his suggestion the paper is published.

spite my judgment, I could hardly refuse to participate. Four days, however, after the amputation, numbness, and, afterwards, severe pain were felt on *right* side, both below and above the knee, which continued till death, two days afterwards.

At the autopsy, the *right* external iliac artery was found plugged by a recent fibrinous clot; and upon the left side, the femoral artery and some of the arteries below the knee, were filled with old fibrin, discolored by blood. The celiac artery was completely closed by old fibrin, the clot projecting slightly into the cavity of the vessel and having a ragged look, as if a "prolonged thrombus," as Virchow calls it, had been broken off. Rather more than an inch above this was a second old clot, half an inch long, and less than two lines in width. This last was attached by one extremity, and hung off into the cavity of the aorta, but no vessel could be seen from which it had protruded. The aorta generally was very much diseased.

CASE II.—*A peculiar form of Uterine Polypus.*—The patient is a widow, aged 44, who has had several children, and who, for three years, had had a constant, but not profuse discharge of mucus and blood, with pain in the back, bearing down, &c. She became quite anæmic, and had been treated by various physicians for prolapsus. On making a digital examination, I found the tumor at the vulvar orifice; the finger entered an opening similar to, and for an instant I supposed it the os of a prolapsed uterus; but at once ascertaining the true character of the tumor, it was removed, with the écraseur, from its attachment to the upper part of the cervix. Relief was complete; the uterus, which had been dragged down from its normal position, was restored. The patient, during the year and a half which has elapsed, has been quite well and free from all uterine symptoms; and, from being weak, anæmic, and almost hydropic, has become robust and rosy.

On rather extensive literary research, I find no mention of any polypus at all like this, except in Scanzoni's book "On Diseases of Female Sexual Organs" (French translation by Dor and Socin, Paris, Baillière et Fils, 1858), where just such a case is recorded in the following words:—

"A cette occasion, nous voulons mentionner un cas où la surface inférieure d'un polype utérin présentait une particularité que nous n'avons observé qu'une seule fois, et dont nous n'avons nulle part trouvé une description. Dans ce cas, l'organisation

primitive des fibres de la tumeur formait une fente ressemblant tellement à l'orifice utérin, qu'au premier abord nous pûmes prendre le polype pour l'utérus hypertrophié et descendu assez profondément dans le bassin. Mais, dans ce cas aussi" (referring to cases, mentioned in a previous sentence, of ulcerated polypi simulating diseased os uteri), "la présence du véritable orifice entourant le pédicule de la tumeur ne lassa aucun doute quant au diagnostic."

The polypus is two inches in length, one and one fourth inch across its free extremity, and one fourth inch pedicle. Form, not unlike a fig. The most remarkable peculiarity, and that which constitutes it as belonging to a very rare variety of polypus, is the existence of three or four cavities opening largely upon the free extremity, and of which two intercommunicate, though the others are separate; these cavities resulting from the formation of the polypus, and not from disease. In the recent state, it was as large as a goose egg, of a very deep and rich red color, or rather between crimson and purple, soft to the feel, and thickly covered with a very viscid mucus. Its form, in the recent state, was precisely similar to that of many small sponges; and the cavities and canals, and the manner in which they intercommunicated and ran up towards the pedicle, found also a very exact analogue in the same objects.

POISONING BY CROTON OIL.

MR. EDITOR,—There having lately occurred in my practice a somewhat unusual case of poisoning, I determined to give you the outlines of it.

Mrs. M. B., of London, Eng., residing in this city for the last year, three years married, has had two children, one at six months; the second full time, stillborn, which was during the later months of last fall. She had enjoyed, up to this period, very good health, never being especially strong or robust, yet considered that she was quite as vigorous as the average of persons.

After this latter birth, she commenced having many peculiar sensations, which I give as she reported them to me (not having attended her then); viz., giddiness, faintness, an indescribable feeling occasionally about the head, things seeming unreal and perplexing to her, a want of concentration in her thoughts, as she says, as though impossible to finish anything, restless and unsettled. These feelings would

all be exaggerated upon first waking up in the morning, after sleep very much disturbed. There was also a sensation as of a weight constantly pressing upon her thorax.

March 26th, at noon, I was called by her husband to see her, he stating that she had swallowed a quantity of croton oil about a half hour previous; and on the way he gave me substantially the same history of her as above, which she, on questioning, verified.

I found her lying upon a couch; eyes quite bright, peculiar at times; no complaints of trouble whatever; skin cool, clammy; pulse 108, very feeble; respiration slow and powerless; burning sensation in mouth and pharynx; no pain or tenderness upon pressure; bowels had been moved during morning. I gave her mustard in warm water to drink, and irritated the fauces with a feather, bringing on vomiting. In the matter vomited, which was quite clear, the oil could be distinctly seen floating over the surface; and as a result of my tasting it from the tip of my finger merely touched to it, I was purged frequently and severely. In about an hour and a half, her bowels were opened freely, and at intervals for the ensuing thirty hours, in all some thirteen movements. I gave her milk and thin cornstarch, as freely as she would take it, with a teaspoonful of pure glycerine every two hours.

There were no symptoms of inflammation, and to quiet the nervous system I used bromide of potassium in twenty-grain doses. Recovery was quite rapid, as in two days she said she felt better and rested easier during the night than she had for months.

The quantity of croton oil taken was in the neighborhood of one ounce. Being a boarder in the house, merely, and having nothing of the kind in her own room, she had, in one of her bad turns, gone into another person's room, and, seeing this bottle, a two-ounce one, which was labelled plainly, *croton oil—poison*, deliberately swallowed the contents, and then went down stairs and told the family what she had done.

On recovery, I advised her removal to an asylum, and she is now in the insane asylum near this city.

I should have said, when enumerating her nervous peculiarities, that she told me her life very frequently seemed a burden to her.

J. L. BUNTING, M.D.

St. John, N.B., April 3, 1868.

UTERINE SCARIFICATOR.

MR. EDITOR,—I desire to call the attention of your readers to the improved form of uterine scarificator herewith figured. The instrument is a modification of Miller's, differing from it in the following important particulars:—

1. The slit in the tube (A, fig. 1) does not extend the whole length, but is partial. In this way increased strength is secured.

2. A little piece (b) screws into the end of the tube. When this is removed, the knife can be thrust directly out, as in figure 2.

3. The knife (C) unscrewed from its staff (D), so that the whole can be withdrawn from the tube without dulling the blade.

The mechanism of the instrument can be easily understood, without further explanation, by an inspection of the cut.

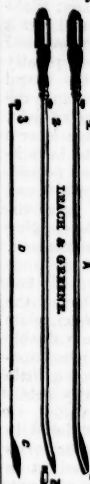
Its advantages are, that it can be used for puncturing, and for scarifying the margins of the os externum, as well as for scarifying the interior of the uterus; that it is easily cleaned, and possesses considerable stiffness, a quality lacking in all other forms which I have seen.

A little wire piston, tipped with rubber, is necessary for cleaning the tube, and for holding the knife-blade while its staff is being screwed on.

The instrument is manufactured by Leach & Greene, of your city, and may be obtained of them for a moderate price.

Yours truly, J. G. PINKHAM.

Lynn, May 14, 1868.



CASES OF NEURALGIA TREATED BY ELECTRICITY.

By ALPONSO D. ROCKWELL, M.D., of New York, and GEO. M. BEARD, Lecturer in the University of New York.

The majority of pathologists have divided neuralgia into two great classes—1st. Those that are due to some organic lesion, of which they are a sympathetic expression.

2d. Those which are dependent on a more or less grave lesion, involving some nerve branch, or compressing or irritating them. Whether the neuralgia be due to malarial influence, to chlorosis, rheumatism, or to

necrosis of bone, or a tumor, it is in every case merely symptomatic, and the question at once arises, when we are called upon to treat one of these neuroses, from what cause does the pain proceed? Much of our success in its treatment will depend upon the correctness of our answer.

The investigations of Valleix, Trousseau, Romberg, Hanfield Jones and others, have thrown a flood of light upon the diagnosis, and consequently upon the treatment of the different varieties of neuralgia, and yet it is extremely common to mistake mere local pains for neuralgias. It is quite frequently the case that an affection of the crural nerve is called sciatica, simply because the sciatic nerve is most often the seat of pain. Strange as it may appear, we have known a severe intercostal neuralgia to be mistaken for pleurodynia, and treated accordingly. The blister that was applied, and which so generally relieves the latter disease, served only to aggravate the existing one. This mistake is not at all uncommon. A superficial observer, taking cognizance of the pain only in its entirety, will find many points of resemblance between the two diseases and may confound them, while one who avails himself of the valuable signs, at the command of every practitioner, who will give to the subject a little study, will easily make apparently subtle distinctions.

It is difficult to offer an explanation with regard to those exquisitely tender spots which are so universally made manifest in neuralgia, when pressure is made over certain portions of the body. In whatever way we attempt to explain this phenomenon, it is certain that neuralgia reveals itself when pressure is made over the spinous processes corresponding to the point of exit of the diseased nerve. The value of this method of diagnosis is particularly marked in intercostal neuralgia, cases of which we so frequently meet. Valleix* first indicated three tender spots in this variety of the disease, viz.—the first, situated on the rib near its junction with the spinal column; the second, about the middle of the rib; and the third, near its sternal end. Long and positive experience, however, shows that this statement is not absolutely correct. The spinous processes corresponding to the intercostal space affected are the tender spots most important in the diagnosis. This point has been designated the spinous point by Trousseau, and that near the sternum the point of peripheral expansion. It is not alone in intercostal

neuralgia that these spinous points are to be found. We have seldom found them entirely absent in neuralgia, let its seat be wherever it may. Trousseau states positively that since his attention was first drawn to it, he has never known it to be absent.

The following cases illustrate this method of diagnosis to which we have so briefly alluded, and may give some idea of the value of the induction of galvanic currents in alleviating the horrible pain which so often attends this affection.

CASE I.—Mrs. H., aged 40, of slight build, and somewhat delicate in health, was prostrated by an attack of intermittent fever, which, however, soon yielded to the ordinary treatment by quinine. A few days after the last paroxysm, while attending to household duties, she was suddenly seized with most distressing pains along the course of the branches of the fifth cranial nerve. The most painful points were at the exit of the superior and inferior maxillary branches. Whenever firm pressure was made on these points, the most agonizing distress was caused. The pain extended also along the frontal nerve to the forehead; and over the frontal point as well, considerable pain was excited by pressure.

When we first saw the patient, there seemed to be no special tenderness along the spinous processes, but at the second visit pressure on the first two cervical vertebrae caused pain, and would even bring on a paroxysm. Quinine (*gr. viij. ter die*) was ordered, and on the third day was discontinued, and Fowler's solution, *gtt. v.* every four hours, was taken. Tincture of aconite was applied externally. This treatment was persevered in for three days, resulting, however, in but little alleviation of the pain. A very mild and fine current of electricity from an electro-magnetic machine was then applied with magical effect. The pain was completely dissipated, and during the following night she had quiet and refreshing sleep. The cure was not complete, for the next day the nerves of the brachial plexus became the seat of pain, although not of so severe a character as it had been in the face. Pressure over the last cervical vertebra gave severe pain. We now treated her by general electrization, and succeeded in greatly relieving the distress. A quiet night was the result, but on the following morning the pain, strangely enough, located itself in the wrist and hand. Another application was given, which resulted in final and complete relief.

* *Traité des Neuralgies*, Paris, 1841.

We have frequently observed that the pain of an acute neuralgia will remove its seat, after a general application of electricity, to a point nearer the extremities, and finally disappear altogether. If the fifth pair or the brachial plexus are affected, the neuralgia "goes out" (to use an expression of patients) at the fingers, while in sciatica or crural neuralgia, the feet will be the part last affected.

CASE II.—Mr. T., aged 45, was subject every few months to neuralgic attacks of considerable severity, and for which he was accustomed to apply warm cloths to the part. By this method, the distress was much mitigated, and in the course of twenty-four hours the paroxysm passed off. The frontal nerve seemed to be the one most affected, but at times the pain extended from the chin over the right side of the face to the top of the head. On one occasion, he applied to us at the commencement of an attack of more than ordinary severity. An application of the induction current along the course of the affected nerves instantly subdued the pain, and he left the office, half an hour later, entirely free from every unpleasant symptom.

CASE III.—Mr. McR., a young gentleman of 22, who frequently suffered from tic douloureux, consequent upon a general neuralgic condition of the whole system, failed to receive much immediate relief from the use of the induction current, while the galvanic stream would almost instantly subdue the pain.

The favorable results that were obtained so readily in the cases cited above, are in other instances brought about only by persistent and continuous treatment. The majority of cases of functional neuralgia are, according to our experience, either completely relieved or approximately cured by a judicious use either of the Faradaic or galvanic current. When, however, the disease is dependent on a grave organic lesion, when a tumor involves the nerve branches, or when an acute inflammation is the cause, we do not expect that electrization will be of much service. In some instances, the distress is even aggravated. Cachectic states play an important part in the development of neuralgias, and such cases undoubtedly require prolonged treatment. In many cases it is impossible to remove the cause. The gouty and rheumatic diatheses are often as persistent as life, and against neuralgias dependent on these causes all medication seems to be powerless. The helplessness of such conditions was strikingly manifest in the following case, sent to us by Prof. Geo. T. Elliot.

CASE IV.—Mr. R., a gentleman in the prime of life, had suffered for several years from severe pain in the chest and leg. During a paroxysm, he was much oppressed for breath, and this feeling of oppression he could instantly bring on, even by moderate exercise in walking. It was a singular fact that he could exercise violently with his dumb-bells without experiencing any inconvenience. He had been previously laid up on two or three different occasions by attacks of gout, which finally left him in this condition. He was evidently affected with *angina pectoris*, and because of this gouty diathesis but little encouragement was given. He persevered in the treatment for over a month, during which time we treated him by both the Faradaic and galvanic currents. He sometimes experienced marked temporary benefit after a very powerful application of the Faradaic current, but the pain and the oppression in his breathing invariably recurred. We were able to afford no permanent relief.

Hyperæsthesia of the skin is a symptom that is frequently met with in the different varieties of neuralgia. In the intercostal variety, it may be said to be almost invariable. This cutaneous hyperæsthesia is noticeable at the exit of nerve trunks, and when the skin is scratched with the point of a pin, or with the finger nail, the patient complains of a pricking or burning pain.

CASE V.—L. C., aged 28, served in a Nevada regiment for three years during the war. After his discharge, in the fall of 1865, he was taken with acute articular rheumatism, which confined him to a hospital during the whole winter. The spring found him much better, and in a few months there seemed to be no vestige of the rheumatism remaining. His health remained delicate.

In July, 1866, he was taken with severe pains in the back and side. He was treated by "localized electrization" a few times, but with no appreciable benefit. The neuralgia increased in severity, locating itself between the ribs. In January, 1867, he applied to us for treatment. He was then extremely weak, and presented a remarkably anæmic appearance. There was very great hyperæsthesia, over the peripheral expansion of the affected nerves. Slight irritation by the finger nail, or moderate pressure by the hand, was sufficient to cause considerable pain. On account of this extreme sensibility, he was obliged to substitute for the coarse red flannel which he had been accustomed to wear, an undershirt of finer texture. Pressure made upon the first few spinous processes of the dorsal vertebrae,

caused no uneasiness, but when the 6th and 7th processes were firmly pressed, the patient loudly complained.

We gave him a general application, as is our custom in such cases. The whole system was brought powerfully under the influence of the Faradaic current. The application at once relieved him, and in three days he was directed to come again. During that time he suffered much less than usual; his appetite had improved, and for the first thirty-six hours he was much invigorated.

He visited us for one month, during which time he received ten general applications. The improvement was uninterrupted from the beginning.

After the fourth application he suffered no more from the neuralgia. The color returned to his cheek; his appetite became more vigorous from week to week, and when he discontinued treatment, we regarded him as a comparatively well man.

This case called for a *powerful constitutional tonic*. Hardships in the army, and previous disease, had reduced his stock of vitality to such a degree, that our ordinary internal tonics failed to produce their accustomed results.

His nervous system had been so shaken, and all his functions so disturbed, that he could not assimilate the iron and bitters that were so much needed.

It is in such cases that general electrization achieves its most brilliant results.

The following case did not, as is usual with this variety of neuralgia, yield to electrization.

CASE VI.—C. R., aged 35, had been under the care of Dr. S. B. Ward, of this city, but as the symptoms of which the patient complained resisted all medication, he was sent to us that he might receive the influence of the electric current. Mr. R. was a member of the fire department, and while endeavoring to extinguish a fire in the sewing machine establishment of Wheeler & Wilson, he was nearly suffocated.

While holding the hose he had penetrated into the sub-cellar, and became enveloped by the hot thick smoke. He became unconscious, and was drawn out more dead than alive. From that time until he called upon us, several months subsequently, he suffered from the most severe paroxysms of intercostal neuralgia. The tender spots over the spinous processes, on either side and over the sternum, were readily recognized. We administered seven general applications of the Faradaic current. After each *seance* he was much relieved temporarily, and in the

interval he suffered much less pain than usual.

At the fourth visit, the negative pole was placed on the left side, over the seat of the most acute pain, and the positive applied to the neck down the spine, and on either side of the body.

This gave him greater relief than any previous application, and when he presented himself three days after, he stated that he had suffered but little pain since the last *seance*. The remaining applications failed to produce the same marked good effect, and after the 7th visit we saw him no more. Sometime after, however, we learned that he still suffered considerably. In all probability, he would have received permanent relief by persistent treatment.

There is another symptom of neuralgia, which, although not so universal as hyperæsthesia, is not very infrequent. We allude to *anæsthesia*.

We have noticed this condition to occur most frequently in connection with neuralgia of the sciatic nerve. As a rule hyperæsthesia of the skin will be present at the outset of the disease, but when the affection has lasted a considerable time, *anæsthesia* will sometimes supervene, showing itself especially over the area of distribution of the branches of the external popliteal nerve.

CASE VII.—Mrs. M., aged 45, had suffered for nine months almost constantly from a dull pain along the course of the sciatic nerve. At times an acute paroxysm would occur, causing fearful distress. She had been treated by cinchona, iron and ungt. veratriæ, and, as she thought, with some benefit. The disease was, however, by no means subdued, nor was there much permanent amelioration of pain. She complained of a feeling of numbness all over the calf of the leg, and at times she was quite insensible, in that part, to ordinary impressions. The first application of the Faradaic current was exceedingly gentle, and so soon as the *seance* was ended, she expressed herself as feeling a sense of general relief.

During the course of twelve days, four applications were given, resulting not only in complete amelioration of all neuralgic pain, but also in the restoration of the *anæsthetic* part to its normal sensibility.

After the last visit, the joint of the great toe of the affected limb enlarged, and became quite painful, but subsided to its usual size after a few more applications.

The next case was in some respects like the last, yet we failed to give the slightest relief. It is fair to suppose that such conditions depend upon an inflammation so

acute, that the least agitation, such as is caused by the passage of the induction current, aggravates the distress.

CASE VIII.—Mrs. B., aged 34, was taken with acute crural neuralgia, when she was almost convalescent from an attack of inflammation of the womb. She suffered for nine weeks without experiencing any relief, when her physician advised the use of electricity. We gave her but three applications, but from the very first the pain was aggravated, and in no slight degree.

We of course discontinued the applications, but she continued to suffer for many weeks, before the disease at all abated.

A case somewhat similar to the above was sent to us by Prof. Willard Parker, of this city, but the results from the use of electrization were almost as unfavorable. It is possible that the use of the galvanic stream might have been followed by better results, for we have in a few instances seen cases of neuralgia yield to this current, when the Faradaic was inoperative.

Hospital Reports.

BOSTON CITY HOSPITAL.

Monthly Report of the more important Operations, by G. F. JELLY and L. D. GUNTER, House-Surgeons.

CASE I.—*Necrosis of Radius*.—(Service of Dr. THORNDIKE.)—Geo. O., aged 17, began to notice pain in right arm over lower anterior portion of radius, six weeks before entering hospital. An abscess formed, and broke in about a week. Never received any injury. Patient etherized and an incision about three inches in length made over lower part of radius, extending from a small sinus near lower extremity directly upwards parallel with the bone. A loose sequestrum about three inches long was removed with dressing forceps, and on passing in the finger not a particle of denuded bone could be felt, nor has there been any since; and now, three weeks after the operation, the wound is nearly healed.

CASE II.—*Necrosis of Tibia*.—(Service of Dr. THORNDIKE.)—W. D., aged 46, laborer, fell fourteen (14) feet, striking on a pile of iron and broke left tibia and fibula. Fibula broken ($1\frac{1}{2}$) one and a half inches above lower extremity, and internal malleolus was broken off and the fracture was compound.

Two (2) months afterwards there was necrosis of tibia, but fibula had healed.

Opening enlarged and internal malleolus, which was entirely loose and necrosed, removed.

Three weeks after operation, wound closing well; there is considerable motion in joint, though owing to an abscess in opposite ankle there is a free circulation of pus. Astragalus not denuded, nor is the tibia.

CASE III.—*Ununited fracture of Tibia and Fibula*.—(Service of Dr. THORNDIKE.)—M. M., laborer, aged 40, received a compound fracture of right leg, five months before admission; was treated at Massachusetts General Hospital four months, and discharged with non-union of fragments.—Operation, Feb. 14th. Ends of tibial fragments denuded, and a thin section made from each fragment; periosteum dissected up; sound fragments united by a silver ligature, and leg placed in fracture-box. In two days erysipelas became developed in leg and thigh, and he was also attacked with intermittent fever which he had been free from for several months. Two weeks after operation, erysipelas has all disappeared; wound healthy and fragments are adherent. General condition very good.

May.—Three months later, fair union.

CASE IV.—*Hæmorrhoids. Death*.—(Service of Dr. THORNDIKE.)—M. B., laborer, aged 60, had hæmorrhoids seventeen (17) years; moderate size. Etherized, and four strong ligatures applied; lost six or eight ounces of blood during the day. A typhoid condition became developed soon after the operation, and he gradually sank and died in a little over a week. Physical signs showed congestion of the lungs.

CASE V.—*Circumcision for Epithelioma of Prepuce*.—(Service of Dr. THORNDIKE.)—J. B., aged 60, laborer, has had epithelial disease of the prepuce for about nine months. It began as a pimple, and has increased to the size of a small English walnut. Neither painful nor tender. Covered with a small dark sloughing. Glands unaffected.

March 13th.—Prepuce, to which the tumor was confined, was removed in the usual way. Skin and mucous membrane stitched together. Patient did very well, and was discharged well, March 23d.

CASE VI.—*Plastic Operation*.—(Service of Dr. THORNDIKE.)—E. T., aged 35, widow, entered hospital with an indolent ulcer of the heel of a year's standing.

March 20th.—Operation. Surface of the ulcer with a narrow rim of the edge removed, leaving an open surface one and one-fourth inch in diameter.

On the outer surface of the middle third of the opposite leg, a flap, two inches in diameter, with a pedicle one and a half inch wide, was dissected up and fitted accurately into the prepared wound of the

heel and secured by silver sutures; the leg being placed in an angular trough and supported by a frame.

Unfortunately the patient had varicose veins, and had been troubled more or less before entering the hospital with diarrhoea. For three days following the operation she suffered very little pain; took ten grains Dover's powder night and morning, and nourishment freely. No violence was done to flap, the position was easy and temperature good.

March 24th.—Legs returned to their natural position, and the flap detached from the heel entirely, although it was adherent over about half a square inch in the centre of the ulcer. Ulcer looked well and was covered with granulations; the greater part of the flap, not attached directly to the heel, was alive, and was allowed to fall back to its original place. General condition rather poor; appetite failing; bowels constipated; very little pain. Extra diet, stimulants, &c. Weak solution of carbolic acid applied to ulcers.

Mar. 26th.—Erysipelatous blush over left knee, and also on the edges of wounds of same leg. Appetite fair, pulse 100; tongue clean and moist; bowels constipated.

31st.—Erysipelatous inflammation extends down to the foot. Appetite poor; tongue brown and dry; pulse 100, rather weak; not much pain; ulcer of heel never looked better. Generous diet, stimulants, &c. R. Tr. ferri chloridi, grt. xx. every four hours.

CASE VII.—*Perinephritic Abscess*.—(Service of Dr. CHEEVER.)—H. L. H., aged 5. Four weeks ago complained of pain just over crest of ilium, on the left side, and soon began to walk lame. Five days ago, his mother first noticed a swelling at the seat of pain. On entrance, there was a large fluctuating swelling, between the crest of the left ilium and the ribs, and filling the space from the spine to the anterior superior spinous process of ilium, not painful, but very tender to the touch. Skin tense, but not red. No curvature or tenderness of spine. No pus in urine.

Etherized, the abscess cut down upon, and six ounces of pus, so thick that it would scarcely run, evacuated. The cavity filled the whole space, mentioned above, as the extent of the swelling. No diseased bone discovered.

After the operation, his condition was much improved, and there was very little discharge. On the fourth day after operation, pus was found in the urine. He continued to improve in every way, and three

days later, only a very small amount of pus was found in urine. It is now four weeks since the abscess was opened. The wound has now healed, and his general condition is very good. No pus in the urine.

CASE VIII.—*Operation on Cicatrix of Burn*.—(Service of Dr. CHEEVER.)—H. S., aged 15. Thirteen years ago patient burned her right hand. The fingers are now drawn into the palm, by the cicatrix, and grown together. The joints are movable. The metacarpal bones are better developed than the phalanges. The whole hand, which is about half the size of the other, is clenched in such a manner, as to resemble a well-formed stump, being covered in a bag of clothed skin.

Etherized, and incisions were made to free the thumb and the index finger. The terminal phalanx of the latter was removed. They were separated by sponges till suppuration commenced, when the hand was placed upon a posterior splint, and an attempt made every day to straighten the finger and thumb. There is considerable mobility in the joints; there is little pain, and the granulations are looking well. Ultimately a fair result was obtained.

CASE IX.—*Lumbar Abscess*.—(Service of Dr. THORNDIKE.)—Dec. 8d. W. F., aged 11. Boy of scrofulous diathesis, had lateral curvature of spine, and a hard tender tumor in right inguinal region, of three weeks duration. Swelling, pain, tenderness, &c., gradually increased till Jan. 10, when the tumor extended round over the crest of the ilium, nearly to the spine. A small opening was made into the abscess, and several ounces of laudable pus evacuated. No disease of ilium or vertebrae could be detected. Jan. 31st.—Nearly well; discharge very slight.

CASE X.—*Lumbar Abscess; Pott's Disease*.—(Service of Dr. THORNDIKE.)—M. V. B. H., aged 30, a porter. Has had angular curvature of spine five years. Jan. 24th, has a large abscess over dorsum and crest of ilium of two months duration. Evacuated with trocar and canula, and filled with a mixture of one part tr. iodine to two parts water.

Jan. 31st.—Discharge is free, but his general condition has improved but very little.

CASE XI.—*Dislocation of Shoulder*.—(Service of Dr. CHEEVER.)—R. G., aged 56. This morning fell upon right shoulder, producing a sub-coracoid dislocation. Etherized, and reduced by heel in axilla. The arm confined by Velpeau's bandage.

CASE XII.—*Dislocation of Humerus*.—(Service of Dr. THORNDIKE.)—J. Q., laborer,

aged 47. While drunk, fell down stairs, Jan. 17th, striking on head and top of shoulder, inflicting a scalp wound on the former, and dislocating the humerus into axilla. Patient thoroughly etherized, and the dislocation easily reduced by extending the arm and lifting the head of the bone into its place. Jan. 31st, doing well.

Reports of Medical Societies.

ANNUAL MEETING OF THE MASSACHUSETTS MED. SOCIETY—SECOND DAY.

THE members of the Society re-assembled on Wednesday, June 3d, at the amphitheatre of the Massachusetts General Hospital, Dr. H. C. Perkins in the chair. The Secretary of the Councillors reported that sixty-six new members had joined the Society during the year, and that twelve had died.

An amendment to the by-laws was passed, providing that there be a meeting of the Censors of the Suffolk District held on the days succeeding the medical examinations of Harvard University, instead of the first Wednesdays in January and July as at present.

The following officers were appointed for the ensuing year:—*President*, C. G. Putnam, Boston; *Vice President*, H. L. Sabin, Williamstown; *Corresponding Secretary*, C. D. Homans, Boston; *Recording Secretary*, C. W. Swan, Boston; *Librarian*, J. C. White, Boston; *Treasurer*, F. Minot, Boston; *Orator*, A. Hitchcock, Fitchburg; *Anniversary Chairman*, J. B. Upham, Boston.

The Treasurer's annual report showed the receipts of the year to have been \$8,533, and the expenditures \$6,511. Of the expenditures, \$2,031 was for publication, and \$1,500 for the dinner at the Music Hall. The funds of the Society amount to \$30,420.78. The expenses of the last annual meeting were \$1,747.75.

The following-named delegates were present from other States:—A. J. Fuller, Me.; A. W. Nelson, Conn.; J. J. Caldwell, J. G. Wilbor, C. A. Lee, New York; John Kirwin, Penn.

A letter was read from Dr. Thomas S. Kirkbride, President of the Association of Medical Superintendents of American Institutions for the Insane, thanking the Society for their invitation, and stating that a committee would be present at the dinner.

Dr. J. Baxter Upham, of Boston, read a paper upon the doings of the Medical Com-

mission to the International Convention at Paris last year, giving a full abstract of the report of that Commission, which related entirely to medical subjects.

Dr. Echeverria read a report of a case of epilepsy, and showed photographs of sections of the spinal cord.

Dr. J. B. S. Jackson showed a very interesting specimen of complete bony union of intra-capsular fracture of femur, occurring five or six years before death in a lady nearly 70 years of age.

Dr. John M. Harlow, of Woburn, read a very interesting paper, containing the history of the famous case of a man named Gage, a former resident of Lebanon, N. H., who, while blasting rocks at Cavendish, Vt., in 1847, by reason of premature explosion had a tamping iron, three feet seven inches long and one and a quarter inch thick, and tapering to a point, forced through his head. Dr. Harlow attended the man, and gave in detail the daily symptoms of his patient. The iron entered the left side of the face, and came out about the centre of the top of his head. It was supposed at first he would die, but in fifty-nine days after the accident occurred he was able to walk and ride, and was soon nearly as well as before, although his intellect was somewhat affected. This has been doubted by many prominent surgeons. Gage died May 21, 1861, twelve years, six months and eight days after the injury. Since the death of Gage, Dr. Harlow procured his head, and has presented the skull to the Warren Museum of the Harvard Medical College. The skull and iron were exhibited by Dr. H., and they were examined with much interest by the gentlemen present.

Dr. H. J. Bigelow stated his connection with the facts mentioned above, and said he had seen Gage twenty years ago, and was then satisfied of the reality of this wonderful case. He also called the attention of the meeting to a similar accident, by which a tube of iron, five eighths of an inch in diameter and five feet long, passed through a miner's head while blasting coal in Ohio, and which was pulled out by a fellow-miner. The injured man was introduced to the audience, and Dr. Jewett, the attendant physician, recounted the case in detail. The young man's mind has not yet been fully restored.

PRIZES.

The Committee (consisting of Drs. B. E. Cotting, H. J. Bigelow, C. E. Buckingham, D. W. Cheever and C. Ellis) appointed last year to receive and examine dissertations

which might be offered for the Society's prize of *one hundred dollars* on "THE PART PERFORMED BY NATURE AND TIME IN THE CURE OF DISEASES," then reported—that they had received a number of meritorious essays on the above subject, from which they had selected *three* as worthy of a prize; and that they had therefore, with the concurrence of the donor, awarded three prizes of \$100 each, to the authors of dissertations bearing the following mottoes:—

1st. "A true announcement of the law of creation, if a man were found worthy to declare it, would carry art up into the kingdom of nature, and would destroy its separate and contrasted existence."

2d. "Nature dominant—Art ancillary."

3d. "Ingenuas didicisse fideliter artes, Emollit mores nec sinit esse ferus."

The Secretary of the Society thereupon opened the sealed envelopes, and announced that the first belonged to Dr. Robert T. Edes, of Hingham; the second, to Dr. Jas. F. Hibbard, of Richmond, Ind.; and the third to Dr. John Spare, of New Bedford.

Dr. Buckminster Brown read a paper upon cases of orthopedic surgery, which was illustrated by the exhibition of casts, photographs, and in two or three cases by the presence of the patients.

Dr. David W. Cheever exhibited a patient from whom he had removed a naso-pharyngeal polypus, ten months before, by a section, displacement, and subsequent replacement and re-union of the superior maxillary bone. The patient used his jaw six weeks after the operation, and was now well, without deformity. This operation was originated by Langenbeck and modified by Roux. It was the first time it had been done in this country. Dr. Cheever also showed three patients with excision of the head of the femur for hip disease, who had made good recoveries.

At one o'clock, Dr. H. G. Clark delivered the annual address. After alluding to the new theatre in which they were assembled, and to the old theatre, in which over 8000 operations had been performed, and where the first public demonstration of the value of sulphuric ether in relieving the sufferings of the patient during surgical operations was made, he delivered a brief eulogy upon eminent deceased members of the Society and upon the orators who had preceded him, and then proceeded to the discussion of the main subject of his address, the "Desirableness of a more extended Study of Medical Jurisprudence, and why its Study should be more closely connected with that of General Sanitary Law." From the ear-

liest times, he said, to the present day, medical jurisprudence, especially when inclusive of sanitary law, has been more or less a subject of interest and of action to legislators and physicians. Various authors on medical jurisprudence were quoted by the speaker to show the various methods of defining the bounds, and of pursuing the study of the science at different periods in the world's history. That the subject of legal medicine, leaving out of the account that of public hygiene, should in most of the schools be made so subsidiary, and have been rated of small importance as compared with the other courses usually taught, seemed strange to the speaker, and appeared to be reversing the convenient and proper order of things. The important services rendered by medical men as reporters for coroners at inquests, was dwelt upon, and the subjects of suicide, insanity and life insurance were also discussed in their connection with medical jurisprudence.

After a vote of thanks to the President of the Society, and to the Trustees of the Massachusetts General Hospital for the use of the Amphitheatre, the Society adjourned to the next annual meeting at Boston on the first Tuesday in June, 1869.

THE ANNUAL DINNER.

At half past two o'clock in the afternoon the members of the Society and invited guests, to the number of about 600, assembled at the annual dinner in the Music Hall. Dr. J. N. Borland presided, and at the tables upon the platform were a large number of the prominent members of the profession. Grace was said by the Rev. E. E. Hale, of the South Congregational Church, after which an hour was spent in partaking of the dinner. The Chairman then called the attention of the company to the intellectual part of the feast in the following speech.

REMARKS OF DR. J. N. BORLAND.

Mr. President and Fellows of the Massachusetts Medical Society: The recurrence of this, the 86th anniversary of our time-honored Society, has again re-united us; and here, in this place, and at this time, it is my duty, as well as pleasing privilege, to extend to you all the welcoming hand. How many of my predecessors have stood before you and said that it is a good thing for us once in the year to meet together as we do, I know not; but the fact is so evident to us all that the propriety and the necessity of its expression occur naturally to your anniversary chairman—as naturally as you yourselves prove the point by laying

aside your work and mustering together with the swelling ranks that you do. Apart from all the various matters of business and science, which occupy so much of our time, the various opportunities afforded to us all to revive old friendships, to create new ones, to talk over by-gone days, and to plan fresh arrangements for those yet to come; to welcome friends from our sister societies; or, it may be, to receive guests from other lands; these are all so valuable as to make our annual meetings a marked event of each professional year. Yet our anniversary is not one of unalloyed pleasure; for the mind as naturally looks back upon the events of the past, as it hopefully tries to rend the veil of the future. At such times comes up to us with greater force, a keener and a more realizing sense of losses we have met with, when at our surrounding benches, or at the seats at these tables, we see no more some of our familiar faces. Here in this city alone, since last we met together, has the grim reaper been busy in binding up his choice sheaves from out of our midst. Never again will the spontaneous burst of ringing cheers, the involuntary expression of our heartfelt love and respect, spring from our throats at seeing here, on this platform, the benign countenance and the venerable form of him, so often called the Nestor* of our profession.

Before last summer's heats were over another of our members passed away—the distinguished surgeon† whose great professional skill was only matched by his generous, kindly heart. The last months of his life we now may recognize as one true act of a most chivalrous nature; knowing, as he did, even when last we met together, the existence of his mortal disease, yet concealing his sad knowledge from even his nearest kindred and dearest friends, and uncomplainingly performing every office of his active life.

But a few short weeks have elapsed since a third of our distinguished members has gone to a better life.‡ One of our Presidents—the even tenor of whose way had earned for him the well bestowed title of “the Good Physician”—while in possession of sound health, and at the close of a day spent, as so many before it had been during his busy life, in the full discharge of his professional labors, was suddenly taken at the summons of the Higher Power and entered into rest.

These, gentlemen, are but some of those whose places at our table have, during the

past year, been vacated forever. It is not for me to eulogize them; their virtues have been sounded by more fitting tongues than mine, and at more appropriate times and places. But not mourning their loss so much as rejoicing that we can point to them as example and as models, I once more welcome you to these festivities, to the renewal of friendship and interchange of good fellowship, on that common and neutral ground of the social table; where the harassing cares of medical practice can be thrown aside, and a brief hour be given to good cheer, without which neither science nor business can prosper.

I will propose for you, gentlemen, the following sentiment: “The Massachusetts Medical Society; may its history ever be illuminated by the noble, energetic and pure lives of its members.”

Dr. Borland's remarks were frequently interrupted with applause, and his closing sentiments introduced Dr. Foster Hooper of Fall River, who made a brief but interesting speech, in which he gave some very valuable items in regard to the history of the Massachusetts Medical Society.

The past President of the Society, Dr. Perkins of Newburyport, in accordance with a time honored custom, then presented to the Society the President elect, Dr. Charles G. Putnam of this city, who briefly acknowledged the hearty greeting which he received.

The Chairman then read the next regular sentiment in honor of “The Commonwealth of Massachusetts,” and read to the Society a letter from Surgeon-General Dale, which tendered to the body the regrets of Gov. Bullock in not being able, through ill health, to be present at their dinner.

The President then said: “I have the pleasure of calling upon the donor of the prizes to-day; none fitter than he to offer them, as he has had conferred upon him all that could possess any value.”

This called up Dr. Jacob Bigelow, who was greeted in a very hearty manner, the members of the Society rising and cheering. As soon as silence was restored he spoke as follows:

REMARKS OF DR. JACOB BIGELOW.

Mr. Chairman: When I rose I thought I might elevate my spirits to the height of attempting some levity, but the reception which I have just received disarms and unmans me. I was going to say, Sir, that the compliment you have bestowed on me, very unmerited as it is, nevertheless deserves and receives my profound acknowledgment,

* Dr. James Jackson. + Dr. J. Mason Warren.

† Dr. John Homans.

although, Sir, I am obliged to say, in the words of Dogberry in the play, that "you have verified unjust things." There is one point, Sir, in which I am obliged to plead guilty to the impeachment, and that is that I am advanced in years considerably beyond most of my associates in this Society; and I have been greatly pleased to recognize here two or three like myself, who, having arrived at the age of four score, are still not only my seniors in years but my superiors in activity. I am very proud and happy to be able to say, Sir, that for the last half century I have not personally been obliged to occupy my house, to stay at home for a single day on account of any indisposition or malady whatever (applause); and I know not to what I shall attribute this singular exemption for so long a period unless it be to the joint agencies of temperance, hard work, and abstinence from medicine. (Applause and laughter.) I listened, Sir, with instruction to the remarks which were offered us in the professional and scientific paper read just before the close of the ceremonies at the hospital, on the subject of Orthopedic Surgery. Now, Sir, I would not be considered as advocating a retrograde course in science, and while I admit in many cases it is a difficult thing, and requires care and skill to get a patient upon his legs; yet, Sir, I must confess it is sometimes harder to get one off his legs. Mr. President, it has been my custom to attend the annual meeting of this Society, and it has always been done with heartfelt pleasure on my part. Last year I was unable to attend the annual meeting here in this place about this time. Why? Because, Sir, I was two thousand miles off in the wilds of Kansas, and five hundred and sixty miles from the Mississippi. There, instead of being among physicians, I found myself among wild Indians, buffaloes and prairie dogs, and at the end of the Pacific railroad. I can now say no more than that I believe every physician will find his usefulness and the efficiency of his life to be greatly promoted and increased by allowing himself to see what is going on in the remoter parts of the country. It not only contributes to his health, but very much to the enjoyment and prolongation of his life.

Hearty applause followed, after which the Chairman proposed the next regular toast in honor of the City of Boston, and called out His Honor Mayor Shurtleff, who responded at some length, referring to the advantages which the Commonwealth and the City of Boston had derived from the

labors of past and present members of the medical profession.

The next toast, "The Clergy: their kindly offices commence for us in our tender years, their labors often run parallel with ours, and are required for us when we shall soon be no more," was responded to by Rev. E. E. Hale.

It was perfectly true, he said, that the relations of the two professions with each other were of the closest possible character, for in looking through the company present, he recognized a score of men by the side of whom he had stood in chambers of sickness and of death, and listened to their whisper with the same eagerness, the same anxiety as the friends of the sufferer or the sufferer himself. The two professions were closely connected in many ways; he had often thought it a pity that the elementary studies were not more closely connected with each other. He wished he knew more of medical science than he did. It was not surprising that the physician should possess a better understanding of divinity than the clergy did of medicine, for the former heard from their earliest days two lectures weekly from a competent instructor in divinity, while clergymen were seldom so fortunate as to receive so much instruction in the science of medicine. The greatest misfortune connected with the association of the two professions, was being obliged sometimes to stand by the side of a dying man, and having a lying quack upon the other deceiving his patient. The nobleness and grandeur of the work in which the physician is engaged were eloquently described by the speaker. If he was asked who was a true Christian hero, the chivalrous knight of our time, he would answer the pioneer practitioner who travels fifteen or more miles to see a sick person, running a race with death, not for fame, not for honor or wealth, but to save life; living that others may live, sacrificing comfort and ease for the good of their fellow-men. The two professions of medicine and of the ministry were born at the same hour, with the Son of Man, on the plains of Bethlehem.

Other toasts were read and responded to as follows:—

The Orator of the Day. Responded to by Dr. H. G. Clark.

Medicine and Law. Responded to by Judge Putnam.

Our Brethren of the Western Counties. Responded to by Dr. H. L. Sabin, of Williamstown.

Our Medical Professor. Responded to by Prof. D. H. Storer.

The Junior Members of the Society. Responded to by Dr. W. C. B. Fifield.

At intervals between the speeches, Mr. Whiting performed upon the great organ. About 5 o'clock, the members separated.

ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.

The twenty-second annual meeting of this Association commenced in this city at the American House on Tuesday, 2d inst. The meeting was called to order by the President, Dr. Thos. S. Kirkbride, of the Pennsylvania Hospital for the Insane, at Philadelphia, at 10, A.M., and the records of the last annual meeting were read and accepted.

Invitations were received from several societies and institutions in and near Boston to visit them during the session of the Association, and were appropriately acknowledged. The usual committees were appointed, and a committee was appointed to visit Winthrop Farm, the proposed site for a new Lunatic Asylum for Boston, on Friday.

The first subject taken up by the Association was the project for a general law for determining the legal relations of the insane, and Dr. I. Ray offered some remarks on the history and treatment of the subject, and read the statement which had been prepared of the proper form of a "General Law."

After discussion of the first four sections, relating to the committal of insane persons to asylums, the subject was postponed.

Dr. J. W. Barstow of Flushing, read a memorial paper in reference to the late Dr. Benjamin Ogden of New York.

At the afternoon session, Dr. Chas. A. Lee, delegate of the American Medical Association, was introduced, and expressed his views of the necessity of greater provision for the instruction of the medical profession on the subject of insanity, and the desire on the part of the American Medical Association for a closer intercourse between the two bodies.

On motion of Dr. Tyler a committee was appointed to prepare a statement of the reasons why the Association should not unite with the American Medical Association.

The discussion of the proposed General Law was then resumed, and continued till adjournment.

Second day.—Wednesday forenoon the session was resumed at the same place.

The consideration of the "General Law" was continued. Substitutes for the first section, with regard to the commitment of insane persons to Asylums, were offered by Dr. Hills of West Virginia, and Dr. Chipley of Kentucky.

After a long discussion of this section the meeting adjourned till evening.

At the evening session Drs. Hills and Chipley withdrew the substitutes which they had offered, and Dr. Hills offered the following, which was adopted as the sense of the Association with but one dissenting vote.

"Insane persons may be placed in a Hospital for the Insane by their legal guardians, or by their relatives and friends in case they have no guardians, but never without the certificate of one or more responsible physicians, after a personal examination made within one week of the date thereof; and this certificate to be duly acknowledged before some magistrate or judicial officer, who shall certify to the genuineness of the signature, and to the respectability of the signer."

The remaining sections of the proposed model for a law, as reported by Dr. Ray, were then successively considered.

Third day.—Thursday. Nearly the whole day was devoted to visits to the public institutions in Boston and vicinity, ending at the McLean Asylum. About three hours were spent in inspecting the buildings and arrangements, and after dinner a meeting of the Association was held, at which Dr. Curwen, the Secretary, read an interesting paper giving a history of the Association from its beginning.

Its formation was due to the efforts of Drs. Samuel B. Woodward and Francis E. Stribling. The first meeting was held in Philadelphia, October 16, 1844.

In the evening, a large number of medical gentlemen from Boston, by invitation of Dr. Tyler, joined the company, and a pleasant interview was enjoyed. The company returned to this city about ten o'clock.

Fourth day.—On Friday, at 9.30 A.M., the Association resumed its session at the American House. The consideration of the "General Law" was resumed, and after some discussion a bill was finally agreed upon unanimously, which provides that no person shall be placed in a hospital without a certificate of insanity from a responsible physician, properly acknowledged before a magistrate or judicial officer; that any respectable person may petition any high judicial officer for the commitment of any insane person requiring restraint, and such

officer shall cause an investigation by a competent commission; that the friend of any person confined under the foregoing provision may on petition have a similar investigation on a motion to discharge the patient; that any patient in a hospital may be discharged by a process corresponding to that by which he or she was committed. Other portions of the bill, concerning insane persons in criminal suits, in contracts and wills, are substantially the same as the laws in force on these points.

A committee to whom the matter had been referred reported a memorial to be presented to Congress, praying for the relief of the medical superintendents of hospitals and asylums for the insane in the lately rebellious States from all political disabilities interfering with the proper discharge of their official duties. The memorial was adopted, and will be signed by the members of the Association and presented to Congress by a committee of five, including the President of the Association.

At two o'clock the members of the Association met on board the Steamer Henry Morrison for a trip down the harbor, by invitation of the City Government.

At 8 o'clock a business session was held at the American House. The committee who visited the Winthrop Farm reported in favor of that place for an Insane Asylum, and the report was accepted.

It was voted that the Association next meet at Staunton, Va., on the third Tuesday in June, 1869. Adjourned.

Medical and Surgical Journal.

BOSTON: THURSDAY, JUNE 11, 1868.

THE interest which attaches among many of our readers to the annual meeting and transactions of our State Medical Society, will be a sufficient excuse for the space we allow it this week, and for the omission of our usual Editorial.

MASSACHUSETTS MEDICAL SOCIETY PRIZES.—

A prize of one hundred dollars was offered last year by the Councillors of the Massachusetts Medical Society for the best dissertation on "The part performed by Nature and Time in the Cure of Diseases." The donor of this prize was Dr. Jacob Bigelow, of Boston. A number of merito-

rious essays were sent in during the year as competitors for the prize, from which the Committee charged with the adjudication selected three as each deserving a premium. In concurrence with this opinion the donor authorized the conferring of three prizes of \$100 each, which were adjudged to the essays, which on opening their accompanying envelopes were found to belong to the following persons:—DR. ROBERT T. EDES, of Hingham; DR. JAMES F. HIBBARD, of Richmond, Ind.; DR. JOHN SPARE, of New Bedford.

CONNECTICUT MEDICAL SOCIETY PRIZES.

Mr. Editor.—The Prize Court of the Connecticut Medical Society a few days since awarded the Jewett and Russell Prizes of \$200 each, and upon opening the envelopes ascertained that they had awarded both prizes to Roberts' Bartholow, M.D., Professor of Materia Medica and Therapeutics in the Medical College of Ohio, Cincinnati.

Authors of unsuccessful essays will find their papers in the hands of the gentlemen to whom they sent them.

B. H. CATLIN, M.D., *Chairman*.
West Meriden, Conn., June 8, 1868.

FEIGNED INSANITY.—Derozier, a pedlar, forty-six years of age, had been charged with many robberies. The physician of the prison in which he was confined certified that he was of unsound mind, and Dr. Morel was appointed to examine into the mental condition of the accused.

It was found that Derozier appeared to be suspicious especially of poisoning; that he seemed to be terrified at the sight of a cat; that his daily life was that of the automatic and extravagant insane, and that his ideas were exaggerated. His physical condition was found to be normal.

On being questioned, his answers were entirely irrelevant. For instance, to the question, "Have you any family?" he replied, "I have provided them with a great many remnants, silk stockings, I have a factory, thirty-five millions." When asked his age, he would reply, "thirty-five centuries," etc.

Dr. Morel judged that Derozier's insanity was simulated for the following reasons, namely: "That he confounded what it is impossible for the insane to confound by the most extravagant logic, for they are never without ideas of cause, of substance, and of being; that his pretended delusions of wealth were not connected with the usual

ideas of ambition; that the physical symptoms of general paralysis were wanting; that symptoms of acute mania or of dementia were not present; and that his general bearing and actions were like those that might be assumed by a person simulating insanity, who had never seen much of the insane." On a second trial a verdict of guilty without extenuating circumstances was rendered, and the prisoner condemned to twenty years of hard labor.

Immediately after conviction Derozier acknowledged the part he had attempted to play, apologized to his keepers for the trouble he had made them, discontinued his insane acts and the expression of incoherent and extravagant ideas, and in fact showed himself to be an intelligent and sound-minded person.—*Translated from the work of Dr. Laurent on Feigned Insanity, for the American Journal of Insanity.*

ON HÆMORRHAGE FROM WAXY OR AMYLOID DEGENERATION.—By T. GRAINGER STEWART, M.D., F.R.S.E., etc. Dr. Stewart thinks that the following conclusions are warranted by the facts thus far observed in connection with the subject:

1. That hæmorrhage is not a very infrequent consequence of the waxy or amyloid degeneration of vessels.
2. That, next to the spleen, the intestinal tract is the most common seat of such hæmorrhage.
3. That the hæmorrhage occurs independently of any visible ulcerative process.
4. That it probably depends upon rupture of the capillaries of the affected parts.
5. That waxy or amyloid degeneration of the liver does not of itself suffice to produce hæmorrhage from the bowels.
6. That the hæmorrhage occurs in cases in which the liver is free from waxy degeneration.
7. That the occurrence of hæmorrhage increases the danger of the patient. But
8. That sometimes it comes and goes for years without markedly depressing the vital powers.—*British and Foreign Medico-Chir. Review, January, 1868.*

A CASE OF FLOATING SPLEEN.—By ROBERTS BARTHOLOW, M.D.—Mrs. —, a very obese woman, who had long suffered with ascites and an abdominal tumor of unknown character, died in August last. She had been tapped on several occasions, and a large quantity of water drawn off. When the cavity was emptied, a tumor was distinctly felt in the left lumbar and iliac regions. It was supposed to be ovarian. Prof. Gross, of

Philadelphia, who examined her in May last, ascertained the existence of a tumor in the splenic region.

As the abdominal cavity was being emptied of fluid before the section was made, a movable tumor could be felt on the left side.—When the cavity was laid open the spleen somewhat enlarged, but not altered in structure, was seen to be floating freely at the extremity of a long, stout pedicle. The pedicle was long enough to permit the organ to be deeply placed in the left iliac fossa, or to be moved a corresponding distance on the oppositeside. Upon examination, the pedicle was found to consist of the splenic vessels, embraced in a quantity of condensed connective tissue, and distributed through this tissue were numerous masses of amyloid matter. The liver presented in perfection that condition known as cirrhosis. It was nodulated, small, and hard. The portal vessels were surrounded with a quantity of condensed connective tissue, containing masses of amyloid matter, such as were observed in the pedicle of the spleen.

The case is important chiefly with respect to the movableness of the spleen. No one who had examined the patient correctly diagnosed the nature and position of the tumor. This case is probably unique in respect to the size, length and peculiar character of the pedicle. I have not been able to find any similar case recorded, nor indeed any instance in which a spleen not decidedly enlarged was as freely movable as to be felt in every part almost of the abdominal cavity.—*Western Journal of Medicine.*

APPOINTMENTS.—Dr. William W. Morland has been appointed Consulting Physician, and Dr. William H. Ruddick, Visiting Physician, to the Church Home for Orphan and Destitute Children, recently removed to City Point, South Boston.

The 102d annual meeting of the New Jersey Medical Society, convened at Princeton, May 27th. There was a large attendance, not only from New Jersey, but several other States. After the reading of papers by several gentlemen present, the officers were elected for the ensuing year.

The progress of hippophagy is shown in the statement that the first shop for the sale of horse-flesh was opened in Paris on July 9, 1866, and already there are upward of seventeen such shops in different parts of the city. In twelve months 2312 horses were slaughtered, yielding some 11,320,000 lbs. There were also killed in the same time seventy-eight asses and some mules.

Selections and Medical Items.

A COURSE OF SIX LECTURES ON SPECTRUM ANALYSIS, by PROF. ROSCOE, F.R.S., commenced on Saturday, at Apothecaries' Hall. Amongst all the discoveries of modern science, none has more deservedly attracted general admiration than the results of the application of spectrum analysis to chemistry. Dr. Roscoe, in the course of six lectures, proposes to lay down as clearly as he is able the principle upon which these results are based. Prof. Roscoe showed the decomposition of white light by prism, the recombination of colored rays, the monochromatic nature of colors of spectrum, the white light by revolving disc as seen by magnesium wire and electric spark, and Tyndall's experiments with dark rays—viz., blackened paper, platinum red hot, gunpowder on gummed paper, carbon burnt in oxygen, and blackened magnesium wire.—*Lancet*.

HEREDITARY NATURE OF HARE-LIP.—M. Demarquay lately asked the advice of the members of the Surgical Society of Paris touching a little girl, five years old, who presented a double hare-lip. Some difficulties will be encountered in the operation, but the interest of the case lies in the fact that, in the family, from the grand-parents downwards, eleven children have been born with hare-lip, or with a peculiar conformation of the lower lip—namely, two openings on either side of the mesial lines traversing the whole labial thickness, with a peculiar form of the lip itself. To this latter defect M. Demarquay had called attention, in the *Gazette Médicale*, as early as 1845.—*Lancet*.

PIRIGOFF NOT DEAD.—The *Berliner Klinische Wochenschrift*, which some weeks ago confirmed the report of Pirogoff's death, announces the deaths of two distinguished Russian surgeons—viz., the Inspector-General and Member of the Privy Council, Peter Alexandrowitch Dubowitzky, whose influence on medical education in Russia was immense, and the renowned Prof. Szechnanowsky, one of the most celebrated surgeons of Russia, who died on April 13 (25) at Kiev. At the same time, the Journal says that the rumor which has gone through the press of Europe, medical and non-medical, concerning the death of Prof. Pirogoff is happily not true, the distinguished surgeon still living at his country seat, near Kiev.—*Medical Times and Gazette*.

HÔTEL DIEU, MONTPELIER.—Madame Lallemand, the widow of the celebrated Professor of Clinical Surgery in the Montpellier Faculty, has just presented the sum of 20,000 francs on the sole condition that the name of Lallemand should be forever inscribed on the door of one of the wards of the surgical division of the Hôtel Dieu, St. Eloi. In consequence, a plate bearing the words "Salle Lallemand" has been affixed to the door of the ward for wounded soldiers, formerly called "Salle St. Côme."—*Ibid*.

ANECDOTE OF THE LATE M. RAYER.—M. Rayer was kind and affable, and very accessible, but that together with the dignity suitable to the ministers

of our art and which he never allowed to be compromised before him and in his person. One day, at the table of a great financier, the amphitryon, wishing to give proof of his erudition, addressed him thus: "Is it not true, Doctor, that medicine was only practised at Rome by freedmen?" "Yes," replied Rayer, "but that was the period when Mercury was the god of the thieves and the bankers."—*Ibid*.

CHLORIDE OF GOLD AS A REAGENT.—The *Lancet* states that Conheim "employs and strongly recommends as a reagent an aqueous solution of chloride of gold (half per cent.), with a few drops of acetic acid, which colors the nerves and cellular particles red, blue or violet, while it is without action on the intercellular substance."

ANTISEPTIC PROPERTIES OF ETHER.—M. Martin states (*Comptes Rendus*) that ergot of rye, cantharides, portions of meat, and various other substances liable to attack from worms, insects, or putrefaction, may be preserved by being moistened with sulphuric ether, and kept in hermetically stopped bottles.—*The Student*.

MEDICAL DIARY OF THE WEEK.

MONDAY, 9, A.M., Massachusetts General Hospital, Med. Clinic; 10, A.M., Medical Lecture. 9, A.M., City Hospital, Ophthalmic Clinic.

TUESDAY, 9, A.M., City Hospital, Medical Clinic; 10, A.M., Medical Lecture. 9 to 11, A.M., Boston Dispensary. 10-11, A.M., Massachusetts Eye and Ear Infirmary.

WEDNESDAY, 10 A.M., Massachusetts General Hospital Surgical Visit. 11 A.M., OPERATIONS.

THURSDAY, 11 A.M., Massachusetts General Hospital, Clinical Surgical Lecture.

FRIDAY, 9, A.M., City Hospital, Ophthalmic Clinic; 10, A.M., Surgical Visit; 11, A.M., OPERATIONS. 9 to 11, A.M., Boston Dispensary.

SATURDAY, 10, A.M., Massachusetts General Hospital, Surgical Visit; 11, A.M., OPERATIONS.

TO CORRESPONDENTS.—Communications accepted:—On Progressive Locomotor Ataxy—Poisoning by Oil of Pennyroyal.

BOOKS AND PAMPHLETS RECEIVED.—*Materia Medica*, for the use of Students. By John B. Biddle, M.D., Professor of *Materia Medica* and General Therapeutics in the Jefferson Medical College, &c. &c. Third Edition enlarged, with Illustrations. Philadelphia: Lindsay & Blackiston, 1868.—First Annual Report of the Directors of the Massachusetts Infant Asylum.—Constitution, By Laws, Officers and Members of the San Francisco Medical Society; also the Code of Medical Ethics adopted by the Society, and the Inaugural Address of the President.

DIED.—In Clarksville, Tenn, Dr. E. B. Haskins, formerly President of the Tennessee State Medical Society.

DEATHS IN BOSTON for the week ending Saturday noon, June 6th. 67. Males, 39.—Females, 28.—Accident, 1—congestion of the brain, 1—disease of the brain, 3—bronchitis, 1—cancer, 2—consumption, 15—convulsions, 1—debility, 2—dropsy of the brain, 2—dysentery, 1—scarlet fever, 2—typhoid fever, 2—gastritis, 1—hemorrhage, 1—disease of the heart, 1—infantile disease, 1—intemperance, 2—disease of the kidneys, 1—disease of the liver, 1—congestion of the lungs, 2—inflammation of the lungs, 6—measles, 2—old age, 3—paralysis, 4—premature birth, 2—puerperal disease, 1—tumor, 1—unknown, 5.

Under 5 years of age, 22—between 5 and 20 years, 6—between 20 and 40 years, 11—between 40 and 60 years, 11—above 60 years, 17. Born in the United States, 46—Ireland, 16—other places, 6.